Housing Continuous Quality Improvement Policy and Procedure

Data Collection

Performance figures for the outcomes & process/activities/outputs reports are generated directly from the client caseload tracking tool. The relevant fields within the caseload tracking tool are completed by the case manager, _____, _____, and _____ during or immediately after each client session. <Identify the relevant data elements for each of the staff types and specify where the data should come from (documented on a form, client report, other agency/program report, etc.)>

Data Quality Assurance

Staff are responsible for ensuring that data is entered accurately and in a timely fashion in order to facilitate discussions based on client and program level data. The case load tracking tool will be utilized to discuss client progress within supervisory and team meetings and must therefore be up to date before each of these meetings. <build in regular spot checks here, designed specifically to QA areas that are QA'ed in advance of chart audits. Identify how frequently the reviews will take place, who will conduct them, what will be assessed and what the follow up steps are, including a period of time for correcting inaccurate data and/or completing any missing data>

Data Reporting

Tracking outcomes will be important to help in completing the Dashboard Board Report. The report can also be useful when monitoring the progress of these programs on a quarterly basis. By tracking the progress of the outcome report on a quarterly basis, then we can more easily ensure that we are meeting our annual outcome goals.

The Outcomes Report will be generated by the Housing Program Manager on a monthly, quarterly, and annual basis. It will be reviewed monthly by the Program Manager and the case management team to inform improvement efforts. The Program Manager will discus the report and all current improvement efforts with the Director of Housing and Clinical Health on a monthly basis. These monthly reviews will focus on monthly, quarterly and annual progress to inform quality improvement priorities for the current quarter.

The Director of Housing and Clinical Health will share the quarterly section of the report along with a summary of current and most recent improvement efforts with the Executive Leadership Team on a quarterly basis.

Every two months, the Board of Directors will review the Dashboard as informed by the Outcomes Report. The Outcomes Report will also be utilized by the Development and Communications Department to be utilized as needed for fundraising and compliance purposes.

The Chief Program Officer will utilize Monthly and Quarterly reports to inform the Board of Director's Dashboard Report.

Evaluation & Analysis

The Housing Program Manager will review the performance reports with the housing team on a monthly basis. The team will include, but not be limited to the resident case managers, resident managers, housing compliance specialist, and the quality assurance specialist. During this meeting, the group will review the actual performance and compare it to the target for each measure on the performance report.

The team will collectively identify all measures where the actual performance is less than the target and determine the measures for which performance is (1) closest to the target, (2) furthest from the target, (3) most important to the team, (4) most important to any other stakeholders (senior leadership, the Board, funders, etc.), (5) most likely to impact other measures if improvement, (6) most critical to improve as soon as possible, (7) which measures can be improved quickly and which would take the most time to improve, (8) which measures are influenced by processes that are controlled internally. Any measure may fall into more than one of the above categories. The team will then decide which one of the above measures to prioritize for improvement.

After a measure has been identified, the team will further analyze any available data that may be relevant to the measure, answering at least the following questions;

- Are there any noticeable trends and patterns?
- Is there any correlation? Are there any variables that seem to be related to a positive outcome?
- Which process indicators aren't being achieved as desired? What is preventing them from being achieved as desired? Which barrier do we think has the most impact?
- Based on this information, have there been any external factors that make our target more difficult to reach? Are these factors out of our control?
- How have any recent policy, environmental, economic, sociocultural, or population changes affected our outcomes and current performance?
- Which clients are achieving the goal and which aren't?
  - Are the clients who don't achieve the goal different from those that are? How? (i.e.; demographics, mental health diagnosis, needs, etc.)
    - How is this difference contributing to a lack of success?
  - Based on available and relevant data, how different does progress through the process look for those who achieve the goal and those who don't?
    - What do we think is contributing to this?

- Are client milestones reached at different times?
- Are different milestones achieved by the clients who achieve the goal than those achieved by the clients who do not achieve the goal?
- Are different staff members having different results?
  - Can the differences be attributed to differences among the caseloads, such as staff members serving different populations that may experience different levels of difficulty in achieving the goal?
  - Based on the process data available, are there differences in the process among staff members? Are process indicators being achieved at different rates and/or in different time intervals?
- Which of these factors are fixed and which factors can we impact?
  - Can we initiate change in these areas?

Adjustment

Based on the data and information gathered from the questions above, the team will determine which aspect of a process they believe has the highest degree of impact on the overall performance for the identified measure. The items to target for adjustment purposes will be determined by feasibility and necessity:

- Patterns/Trends - if the patterns and trends found in the data can demonstrate that changing these items will produce a significant improvement or impact in our programs.
- Staffing/Capacity - if we have sufficient staffing, time, and capacity to help make these adjustments logistically
- Assessing Benefits/Risks - if we can determine that from the data, changing these items will theoretically be more helpful than harmful to our programs
- Fulfillment of Mission - if the adjustments will make changes that reflect the goals and mission of the agency
- Limiting Barriers for Clients - if the adjustments will not create more barriers to accessing services for the women

The team will then brainstorm ideas for making a change to that part of the process, using one of the follow up questions below;

- Are there any noticeable trends and patterns?
- Is there any correlation? Are there any variables that seem to be related to a positive outcome? *If so, which variable do we want to achieve more of and what can we do to do so?*
- Which process indicators aren't being achieved as desired? What is preventing them from being achieved as desired? Which barrier do we think has the most impact? *What can we do to eliminate or get around this barrier?*
- Which clients are achieving the goal and which aren't?

- o Are the clients who don't achieve the goal different from those that are? How? (i.e.; demographics, mental health diagnosis, needs, etc.)
    - How is this difference contributing to a lack of success? *How can we change the process so that it works better for those with any traits linked to not achieving the goal?*
- o Based on available and relevant data, how different does progress through the process look for those who achieve the goal and those who don't?
    - What do we think is contributing to this? **What can we change so that more clients progress through the process successfully?**
    - Are client milestones reached at different times?
    - Are different milestones achieved by the clients who achieve the goal than those achieved by the clients who do not achieve the goal? **What can we do to increase the number of clients achieving the milestones linked with achieving the goal?**

- Are different staff members having different results?
    - o Can the differences be attributed to differences among the caseloads, such as staff members serving different populations that may experience different levels of difficulty in achieving the goal? *What can we do to support the staff with caseloads of clients who have a harder time achieving the goal?*
    - o Based on the process data available, are there differences in the process among staff members? Are process indicators being achieved at different rates and/or in different time intervals? *What can we do to begin achieving process indicators more frequently at the desired time intervals?*
- What are some suggestions to offer in order to improve outcomes in this area?
- What specific programmatic activities need to be changed in order to improve performance?
- What other factor(s) need to be changed in order to improve performance (e.g. staffing, capacity, time resource)

After the team has brainstormed ideas for making an improvement, the team will discuss each of the ideas to determine which one they would like to try first.

The team will collectively complete a CQI Planning form, which will be utilized to outline and track progress on the improvement effort. The Housing Manager will share the CQI planning form with the Director of Housing and Clinical Health Services before implementing the planned change effort.

Once approved, the Housing Manager and all responsible parties identified on the planning form will oversee the improvement effort. The Housing team will discuss the improvement effort during regularly schedule team meetings until the specified date when the status of the effort is reviewed. If needed, the Leadership Team will be consulted when Outcomes are impacting overall grant compliance and relationships with partners.

At the team meeting immediately following the "review progress with staff" date indicated on the CQI planning form, the team will discuss the impact of the change. The Housing Manager will have completed the CQI update form and will present the final results during the team meeting. Based on this discussion, the team will decide whether to abandon, adjust, or adopt the change effort that was being tested. If the team decides to adopt the change, the Housing Manager will ensure that all relevant staff are made aware of the permanent process and/or program change. Once a change effort is adopted, the team will return to the Evaluation and Analysis phase to identify the next measure they will target for improvement. If the team decides to abandon or adjust the improvement effort, they will revisit their previously created list of brainstormed improvement ideas to identify another improvement effort. The team will then complete an updated CQI planning form. The team will continue working to improve an identified measure until they decide to move on to a different measure, either by having achieved a level of performance they deem to be sufficient or a level of performance they deem to be the highest they can achieve.

The Housing Program Manager will monitor change outcomes through the Monthly Outcomes Report. The Director of Housing and Clinical Health Services will review the change outcomes through the Quarterly Outcomes Report and through the six-Annual Board of Directors Dashboard Reports. The Leadership Team will monitor change outcomes through the six-Annual Board of Director Dashboard Reports.

Accomplishments will be celebrated at the _____ meetings and individual success stories will be highlighted. The Housing Program Manager will maintain all CQI Planning and Update Forms. All improvement efforts, successes, and challenges will be documented and saved on the shared drive.